

APPLICATION DATA SHEET

Electronic Version v14

Stylesheet Version v14.0

Title of Invention**CATHETER TIP****Application Type:** regular, utility**Attorney Docket Number:** S63.2-10813US01**Correspondence address:****Customer Number:**

490

490**Inventors Information:****Inventor 1:****Applicant Authority Type:** Inventor**Given Name:** Thomas**Family Name:** McHale**Inventor 2:****Applicant Authority Type:** Inventor**Citizenship:** IE**Given Name:** Thomas**Family Name:** McHale**City of Residence:** Co. Galway**Country of Residence:** IE**Address-1 of Mailing Address:** Coilleach Spiddal**Address-2 of Mailing Address:****City of Mailing Address:** Co. Galway**State of Mailing Address:****Postal Code of Mailing Address:****Country of Mailing Address:** IE**Phone:****Fax:****E-mail:****Inventor 3:****Applicant Authority Type:** Inventor

Citiz nship: NL
Given Name: Jan
Family Name: Weber
City of Residence: Maple Grove
State of Residence: MN
Country of Residence: US
Address-1 of Mailing Address: 18112 - 89th Place North
Address-2 of Mailing Address:
City of Mailing Address: Maple Grove
Stat e of Mailing Address: MN
Postal Code of Mailing Address: 55311
Country of Mailing Address: US
Phone:
Fax:
E-mail:

Attorney Information:

practitioner(s) at Customer Number:

490 *490*

as our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Assignee 1:

Organization Name: SCIMED LIFE SYSTEMS, INC.
Address-1 of Mailing Address: One Scimed Place
Address-2 of Mailing Address:
City of Mailing Address: Maple Grove
State of Mailing Address: MN
Postal Code of Mailing Address: 55311
Country of Mailing Address: US
Phone:
Fax:
E-mail:

